

**Representative Jo Ann Davis
Privacy Authorization Form**

Mail To:
Rep. Jo Ann Davis
4904-B
George Wash. Memorial Highway
Yorktown, VA 23692

NAME(S) _____ DATE _____

HOME ADDRESS _____

HOME PHONE _____ WORK PHONE _____

SSN# _____ DATE OF BIRTH _____

IF APPLICABLE:

VETERAN CLAIM # _____ LABOR/COMP.# _____

ALIEN REG.# _____ CSA/CSF # _____

EEOC CASE # _____ MILITARY RANK _____

DATE/PLACE OF DISCHARGE _____

MILITARY ORGANIZATION/ADDRESS _____

OTHER INFORMATION _____

**I, _____, request and authorize Representative
Jo Ann Davis of Virginia, and members of her staff, to make an inquiry on my behalf.**

CONSTITUENT SIGNATURE _____

BRIEFLY DESCRIBE YOUR PROBLEM:
